



**Fee \$200**

## **APPLICATION FOR DRAIN LAYER'S LICENSE**

I hereby apply for a Drain Layer's License as required by the Rules and Regulations of the Acton Board of Selectmen, acting as the Sewer Commissioners.

Business Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If partnership or corporation, list names and addresses of officers:

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

The undersigned agrees that he/she has read and understands Acton Board of Selectmen (Sewer Commissioners) Rules and Regulations and also agrees to abide by them. The undersigned also understands that any violation of Acton Board of Selectmen Rules and Regulations will be sufficient cause for revocation of his/her installer's permit.

Signed \_\_\_\_\_ Date \_\_\_\_\_

References: (Please list below three current references, preferably Boards of Health).

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Telephone \_\_\_\_\_

### Office Use Only

Fee Paid : \_\_\_\_\_

Approved: Yes \_\_\_\_\_ No \_\_\_\_\_

Approved by: \_\_\_\_\_

Permit No. \_\_\_\_\_

Date: \_\_\_\_\_

Submit application and remit fee to: Acton Board of Health, 472 Main Street, Acton, MA 01720